

L/6000 147544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900303413349

09/18/17--01005--017 **95.00

FILED
2017 SEP 18 PM 3:35
CLERK OF SUPERIOR COURT
HALL COUNTY, GA

K. SALY
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXQUISITE GROUNDS KEEPING LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000147544

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART VIATOR

Name of Person

Name of Firm/Company

2950 GREYSTONE DR

Address

PACE FL 32571

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART VIATOR

Name of Person

at (850)

516-5886

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

STUART VIATOR

Name of Registered Agent

, hereby resigns as

Registered Agent for EXQUISITE GROUNDS KEEPING LLC


Name of Limited Liability Company

L16000147544

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

N / A

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314